



## CONVERSATION RECORD

4/6/15

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ray Carlson

DATE OF CONTACT

4/6/15

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☒ OUTGOING

E-MAIL ADDRESS

rayacarlson@att.net

TELEPHONE NUMBER

(734) 455-4730

ORGANIZATION

Three Rivers Health

DOCKET NUMBER(S)

030-33650

LICENSE NUMBER(S)

21-26599-01

CONTROL NUMBER(S)

586109

SUBJECT

Our review of your renewal request dated February 15, 2015.

SUMMARY

We have reviewed your request for renewal of your license and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The additional information can either be faxed to 630-515-1259 or it can be scanned into a pdf and emailed to the email address below.

If you have any questions, you can reach me at (630) 829-9862 or [vered.shaffer@nrc.gov](mailto:vered.shaffer@nrc.gov).

As discussed, we expect to receive your written response on or before April 17, 2015.

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ACTION REQUIRED (IF ANY)

ACTION REQUIRED

The NRC has received your application for license renewal. A Delegation of Authority between the RSO and the license's management was not included with the application received. It is a required part of your application. Please provide a signed and dated Delegation of Authority. A sample of a Delegation of Authority can be found in NUREG-1556, Vol. 9, Rev. 2, Appendix I. (<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>)

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NAME OF PERSON DOCUMENTING CONVERSATION

Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE